



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA - 2)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☒ NO ☐ YES - If YES, please enter the file number in this box

**7550**

**SECTION A COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Full name of committee (Do Not abbreviate) <input type="checkbox"/> Check if this is a new name Unify Carmel PAC			3. Acronym or Abbreviated Name (if any)		
4. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 4000 W. 106th St., Ste 125-203			5. E-mail address (Optional)		
6. City Carmel	State IN	Zip Code 46032	7. FAX (Optional)	8. Telephone 614-304-1350	9. Committee Organization Date (MM-DD-YY) 09/10/2021
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. To improve and support education through the local political process.					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. Unify Carmel, Inc., 4000 W. 106th St, Ste 125-203, Carmel IN, 46032			14. Party Affiliation Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					
16. Chairperson's Full Name <input checked="" type="checkbox"/> Check if this is a new chairperson Alvin Lui			17. E-mail address (Optional)		
18. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 4000 W. 106th St., Ste 125-203 Carmel IN 46032			19. Telephone (Day) 614-304-1350		20. Telephone (Evening) 614-304-1350
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer Abbie Rogers			22. E-mail address (Optional)		
23. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 4000 W. 106th St., Ste 125-203 Carmel IN 46032			24. Telephone (Day) 614-304-1350		25. Telephone (Evening) 614-304-1350
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian Abbie Rogers			27. E-mail address (Optional)		
28. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 4000 W. 1106th St., Ste 125-203 Carmel IN 46032			29. Telephone (Day) 614-304-1350		30. Telephone (Evening) 614-304-1350
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.) The National Bank of Indianapolis					

**SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the	Person Appointed Treasurer Abbie Rogers	Signature of the Committee Chairperson
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**SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.			FOR OFFICE USE ONLY Confirm Nbr: 15153 Filed: 9/10/2021 1:07:00PM
34. Typed or printed name of Treasurer Abbie Rogers	Signature of Treasurer	Date (MM-DD-YY)	

**SECTION D. CERTIFICATION OF STATEMENT**

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.		
35. Typed or printed name of Chairperson Alvin Lui	Signature of Chairperson	Date (MM-DD-YY)
<b>Warning:</b> Any information contained in this statement may not be copied for sale or used for any commercial purpose. State law requires that any change in this information be reported <b>within 10 days</b> of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Level 6 felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC		